

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45781 (4)
 1. Corporation Name
TEMPLE ISRAEL OF HIGHLANDS COUNTY, INC.



Principal Place of Business P.O. BOX 1361 SEBRING FL 33871	Mailing Address P.O. BOX 1361 SEBRING FL 33871
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3. Date Incorporated or Qualified 10/28/1991	
4. FEI Number 23-7362762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1305 HILLSIDE Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State SEBRING FL	27 City & State
24 Zip 33870	25 Country USA
28 Zip	30 Country

9. Name and Address of Current Registered Agent
KAMEN, ADELE
120 CRESTVIEW CT.
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent
 81 Name **ALBIN JUDITH B.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2018 BEACH DRIVE
 83
SEBRING, FL. 33870
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Judith B. Albin* DATE **4/20/98**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	SNOLL, BERNICE G.	
STREET ADDRESS	111 RISING R RD.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KAMEN, ADELE	
STREET ADDRESS	120 CRESTVIEW CT	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAPP, JACK	
STREET ADDRESS	2808 OAK BEACH BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, MARILYN	
STREET ADDRESS	1101 E. LAKE LOTELA RD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, MARILYN	
STREET ADDRESS	2307 DAVIS CT.	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARTER, ED	
STREET ADDRESS	79 JASMINE ST.	
CITY-ST-ZIP	LAKE PLACID FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernice G. Snoll* DATE: **4-20-98** 941-388-7744

CR2E037 (10/97)